

# Adult Autism Treatment Account – Request For Application August 1st, 2021 through June 30th, 2022

## Definitions:

Qualified Individual: <https://le.utah.gov/xcode/Title26/Chapter67/26-67-S102.html>

Qualified Provider: <https://le.utah.gov/xcode/Title26/Chapter67/26-67-S203.html>

## Purpose and Background:

The purpose of this request for applications (RFA) is to provide funding for qualified providers to provide services eligible under *UCA 26-67* (<https://le.utah.gov/xcode/Title26/Chapter67/26-67.html>).

This RFA is designed to provide qualified providers information to submit applications meeting minimum requirements but is not intended to limit an application's content or exclude any relevant or essential information. Qualified Providers are at liberty and encouraged to expand upon the specifications to evidence service capability under any agreement.

During the 2020 legislative session, the Utah Legislature enacted *HB086*, entitled *The Adult Autism Treatment Program*. The law has been implemented by the department in collaboration with The Adult Autism Treatment Advisory Committee, which will consist of six members appointed by the governor to two-year terms. The Adult Autism Treatment Account Advisory Committee will review grant applications and determine if the provider is qualified. As funding permits, the department shall award a grant from the program on behalf of a qualified applicant to a qualified provider.

Account monies may be used to provide a qualified individual with Approved Evidence-Based Treatments. The following evidence-based treatments include treatments found on the National Autism Center's Evidence-Based Guidelines, such as Applied Behavior Analysis, Pivotal Response Training, or Naturalistic Teaching Strategies. These treatments can be used in the following areas: academic instruction; culinary, agriculture, and fitness education; vocational and daily living skills; and social and leisure skills.

The qualified provider will identify their capacity to serve the qualified individual and the total cost for providing those services. There is no minimum amount that a provider may apply for. The maximum amount that a provider may apply for is \$10,000 per year. All completed applications will be reviewed. Upon receipt, review, and scoring of applications, the Utah Department of Health may conduct negotiations with each potential provider to identify specific contract elements.

A qualified provider that receives a grant for the treatment of a qualified individual shall: use the grant only for the treatment of the qualified individual; submit any reports that are required by the department; and notify the department within seven days if the qualified individual: has not received treatment from the qualified provider for 10 consecutive days; is no longer receiving

treatment from the qualified provider, or is no longer a qualified individual, or the qualified provider is no longer a qualified provider. A qualified provider that receives a grant for the treatment of a qualified individual shall refund any amount to the department on a prorated basis for each day that: the qualified provider is no longer a qualified provider; the individual is no longer qualified, or the qualified provider does not provide services to a qualified individual.

**Issuing Office and RFA reference number:** The Utah Department of Health is the issuing office for this document and all subsequent addenda to it. The reference number for the transaction is Solicitation **#AATA2021-1**. This number must be referred to on all applications, correspondence, and documents relating to the RFA. Any requests for clarifications must be submitted in writing via e-mail to the Adult Autism Treatment Account: [aata@utah.gov](mailto:aata@utah.gov)

**Submitting your application:** Applications may be submitted via e-mail to [aata@utah.gov](mailto:aata@utah.gov). Applications will be open when funds are available. Previously denied grants will need to re-submit for consideration.

At the completion of each calendar year, the qualified provider must notify the Adult Autism Treatment Account Advisory Committee via email ([aata@utah.gov](mailto:aata@utah.gov)) if they wish to renew their grant for an additional year by submitting the [AATA Application - Renewal Form](#).

\*\*\*Due to limited funding, application renewals are not guaranteed.\*\*\*

## **SCOPE OF WORK**

### **General Information:**

An adult who receives services that are paid for from the account shall be at least 22 years of age; a resident of the state; has been diagnosed by a qualified professional as having: an autism spectrum disorder; or another neurodevelopmental disorder requiring significant supports through treatment using applied behavior analysis; and needs significant supports, as demonstrated by formal assessments of the individual's: cognitive ability; adaptive ability; behavior; and communication ability.

### **Deliverables:**

1. Summary of treatment results, including any observed results not included in instruments required by the UDOH on the final report within 30 days after the grant ends.
2. Clinical summary for each enrolled adult every six months.
3. The number of adults requesting enrollment and eligible but unable to receive treatment.

### **Application Response Format:**

The application must be single-spaced, with 1-inch margins, using a standard 12-Point font. All pages must be numbered. The application page limit is 10 pages. The page limit does not

include the Application Summary, Budget, and attachments. All proposals must be organized and labeled with the following headings:

## **1. RFA Forms**

Complete and sign the AATA Application Summary and AATA Release of Information.

## **2. Provider or Organizational Background and Qualifications**

- A. Summarize the provider or organization's structure, background, goals, and services:
  - 1. Organizational mission statement and history.
  - 2. An overview of the corporate structure whether private, non-profit or government entity.
  - 3. Organizational Chart (as an attachment)
  - 4. A brief description of Approved Evidence-Based Treatments that the provider or organization currently provides.
    - i. Including how long the provider or organization has been providing these services and to what age groups.
  - 5. Letters of support that demonstrate professional competence and provider or organizational capability will be considered (as an attachment(s)).
  - 6. How do we know they are solvent? How do we know financial history ( look up Carson Smith for this, see their last 9-90?

### **B. Staff**

Describe the expertise and qualifications of each staff or proposed staff that will be carrying out the activities of this application. Include information about training, experience, licenses, and credentials of all staff involved in providing services. If additional staff is proposed, describe the qualifications of staff to be hired. If funded, providers will provide information about licenses or credentials of new staff and assurance that new staff will be licensed or credentialed or supervised by the appropriate personnel. Include information on how the provider will assure that all staff in contact with the qualified individual has completed a required background check. Link staff members to the specific activities.

Describe the providers' ability to supervise, train, assure the safety of participants and provide direction relative to the delivery of the proposed Approved Evidence-Based Treatments as outlined in the application. Describe how services are specifically provided by or supervised by a board-certified behavior analyst or licensed psychologist.

## **3. Treatment or Services to be Provided**

Describe in detail services or treatment to be provided with funds, including Approved Evidence-Based Treatments. Provide a timeline for implementation of all tasks listed. Applicant must provide documentation that the individual who receives services is qualified. The following evidence-based treatments a qualified individual may pay for with grant funding include evidence-based treatments found on the National Autism Center's Evidence-Based Guidelines, such as Applied Behavior Analysis, Pivotal Response Training or Naturalistic Teaching

Strategies, to provide treatment in the following areas: academic instruction; culinary, agriculture, and fitness education; vocational and daily living skills; and social and leisure skills. **The qualified provider and services may be subject to utilization management.**

#### **4. Budget and Justification**

Submit a budget for the application. Prepare a budget for the proposed length of the grant. The budget and justification must be consistent with the uses specified in UCA 26-67. Include enough detail for reviewers to determine that the budget is realistic and adequate. No administrative costs will be allowed. Funds provided by the AATA may not supplant existing funding.

### **PROPOSAL EVALUATION CRITERIA**

The committee will evaluate applications against the following weighted criteria. Each area of the evaluation criteria must be addressed in detail in the application.

#### **Provider or Organizational Background and Qualification (30%)**

The extent to which the applicant:

- Has the background to provide services for which funding is requested.
- Provides an overview of organizational structure and an org chart; the structure is sufficient to provide services as requested. (WE CAN ADD IN THE SOLVENT STUFF HERE).
- Includes a description of current ASD treatment and/or evaluation services, including how Approved Evidence-Based Treatments are specifically provided by or supervised by a BCBA or licensed psychologist with equivalent university training and supervisor experience.
- Describes experience, including at least training received, length of time providing services, age groups served, and type of services provided. Experience aligns with the scope of services outlined in the RFA.
- Describes staff expertise and qualifications to provide Approved Evidence-Based Treatments, including licenses and credentials.
- Describes how services are specifically provided by or supervised by a board-certified behavior analyst or licensed psychologist with equivalent university training and supervised experience.
- Links staff members for specific activities.
- Includes information on how the provider or organization will conduct or assure background checks are completed.
- Ability to supervise, train, assure the safety of participants and deliver services as outlined is demonstrated.
- **Staff client ratios must be consistent with BEST PRACTICES**
- Letter/s of support, if attached, demonstrate professional competence and provider or organizational capability.

## **Description of Treatment and Services to be Provided (30%)**

The extent to which the applicant:

- Describes in detail the services to be provided.
- Provides a timeline for the delivery of tasks.
- Describes methods for documentation that adults receiving services are qualified.
- Addresses issues of confidentiality, HIPPA compliance, and security. Specifically, describes the technology to be used and how that technology can meet the needs of the provider or organization and family while ensuring confidentiality and security.
- Describes efforts to be used to recruit and identify adults needing services.
- Provides evidence of existing policies and procedures for providing Approved Evidence-Based Treatments.

## **Evaluation and Outcomes (20%)**

The extent to which the applicant:

- Provides a plan for reporting detailed evaluation of benefits for adults receiving services, including submission of all required data.
- Includes specific measures and methods to be used.
- Identifies potential secondary benefits.
- A summary of the outcomes shall be submitted to the AATA annually.

## **Budget and Justification (20%)**

The extent to which the applicant:

- Aligns budget with fee schedule summary included.
- Outlines costs that are reasonable and adequate to provide the services as described in the application.
- Provides sufficient budget detail.